

# Education for the Public and Health Professionals

## Round-Earth Genetics in Flat-Earth Settings

- Traditional educational approaches emphasize qualitative characters – single-gene disorders – and are highly typological and deterministic (“the gene for....”).
- Public and providers will need help to deal with the uncertainties in common disease without leaving them frustrated, confused, and dismissive of genetics (maybe DTC testing will help us).
- Risk assessment and communication will be more difficult for clinicians and patients.
- Information for providers must be immediately applicable and cannot overwhelm them with genetics content.

# Recommendations for OPG

- Define what the public and providers should know and be able to do with GWAS-related associations.
  - When is research ready for clinical application (what are the criteria for “actionable”)? – structured review accessible to non-geneticists
  - Ordering and interpreting test results; test reports that are accessible to PCPs and can serve as the basis for clinical management
- Support the development of point-of-care decision-support tools in genetics for non-geneticists
- Work with organized medicine (AAMC, USMLE) to integrate genetics more completely into medical education and training (don’t limit to MDs – e.g., expand activities begun with physician assistants)
- Support long-term evaluation of education for clinicians: changes in behavior and patient outcomes
- Make OPG’s extended expertise available for the development of educational programs
- To the extent possible, support the improvement of genetics education at the high school and undergraduate levels